PHYSICIAN SERVICES

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| Situation | CHOICE EP1 |
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| Allergy Shots by Physician Allergist/ Specialist | \$30 co-pay per visit applies to office visit charge. Allergy shots are reimbursed at 100%. |
| Anesthesia Out-Patient | 100% of eligible expenses. |
| In-Patient Hospital Visits | 100% of eligible expenses. |
| House Calls by Physician | 100% of eligible expenses. |
| Office Visit | \$20 co-pay per visit then 100% of eligible expenses. |
| Office Visit Specialist | \$30 co-pay per visit then 100% of eligible expenses. |
| Second Surgical Opinion | \$30 co-pay per visit then 100% of eligible expenses. |
| This is not a required service to obtain benefits. | expenses. |
| Surgeon In-Patient | 100% of eligible expenses. |
| | See Maternity Care for pregnancy. |
| Surgeon Services Out-Patient | 100% of eligible expenses for services rendered in an outpatient facility. \$30 co-pay per visit, then 100% of eligible expenses for office surgery. |
| | See Maternity Care for pregnancy. |
| X-ray & Lab in office setting | \$30 co-pay per visit applies to office visit charge. X-ray and lab services are reimbursed at 100%. |
| X-ray & Lab in facility | No co-pay applies to lab & x-ray services without an office visit. X-ray and lab services are reimbursed at 100%. |
| Routine Hearing Exam/Screening | Covered |
| Routine Vision Exam/Screening | Not Covered |
| Routine Eye Exams/ Screenings are not | |

| covered Vision Coverage is provided by VSP. The Customer Service number is 1-800-877-7195 Benefits for eye examinations required for the diagnosis and treatment of a sickness or injury are provided under Medical Services in a Physicians Office | |
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| Well Adult Visit | 100% of eligible expenses. |
| Applies to Primary Physician Office Visit, Specialist Physician Office Visits, Lab, X-Ray or other preventive tests. | |
| Well Child Visit | 100% of eligible expenses. |
| Applies to Primary Physician Office Visit, Specialist Physician Office Visits, Lab, X-Ray or other preventive tests. | |
| Well Child Immunizations | Well child immunizations are reimbursed at 100%. |
| Applies to Primary Physician Office Visit, Specialist Physician Office Visits, Lab, X-Ray or other preventive tests. | 100%. |
| Well Woman Visit | 100% of eligible expenses. |
| Applies to Primary Physician Office Visit, Specialist Physician Office Visits, Lab, X-Ray or other preventive tests. | |
| Well Woman Mammogram | 100% of eligible expenses |
| Applies to Primary Physician Office Visit, Specialist Physician Office Visits, Lab, X-Ray or other preventive tests. | |
| Well Woman Pap Smear | 100% of eligible expenses |
| Applies to Primary Physician Office Visit, Specialist Physician Office Visits, Lab, X-Ray or other preventive tests. | |

| Situation | Covered Services |
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| Routine Exams for employee, | • Exam |
| spouse, covered dependents | Diagnostic tests as directed by Physician |
| | Immunizations |
| | • Flu Shots |
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| Child Preventative Services | • Exam |
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| , | Diagnostic tests as directed by |
| | Physician |
| | Immunizations |
| Routine Well Woman Services | • Exam (regular, breast, pelvic) |
| | Exam (regular, breast, pelvic)Diagnostic tests |
| | Mammograms |
| | Pap smears |